

# F19000003321

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

*Rwhite  
9/29/20*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
WOUND CARE CONCEPTS INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wound Care Concepts Inc
2. The principal office address: 7901 4th St N STE 300  
St. Petersburg FL 33702
3. The mailing address (if different): 7901 4th St N STE 300  
St. Petersburg FL 33702
4. Date of incorporation/qualification: 07/12/2019 Document number: F19000003321
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
MCLEAN, LISA  
4736 WEASEL DR  
NEW PORT RICHEY, FL 34653-6536
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Northwest Registered Agent LLC  
7901 4th St N STE 300  
P.O. Box NOT acceptable  
St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

FREDRIC BROTZ

Signature of an officer or director

Fredric Brotz

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Tom Glover

Signature of Registered Agent

9/24/20

Date

If signing on behalf of an entity:

Tom Glover

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***